

Subcontractor - Tow Trailers

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer Identification and Gross Weight Capacity clearly labeled and visible on trailer
2.	<input type="checkbox"/>	<input type="checkbox"/>	Trailer inspected prior to use
3.	<input type="checkbox"/>	<input type="checkbox"/>	Loaded equipment properly aligned on trailer
4.	<input type="checkbox"/>	<input type="checkbox"/>	Equipment tied down propely
5.	<input type="checkbox"/>	<input type="checkbox"/>	Personnel clear of equipment when loading/unloading
6.	<input type="checkbox"/>	<input type="checkbox"/>	Taillights and turn signals are in proper working condition
7.	<input type="checkbox"/>	<input type="checkbox"/>	Driver/Operator is provided fall protection when working Six (6) Feet or greater above ground on equipment platforms or operating stations
8.	<input type="checkbox"/>	<input type="checkbox"/>	Route of trailer verified prior to travel
9.	<input type="checkbox"/>	<input type="checkbox"/>	Transport escorts provided when required

Comments:

Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name_____
Signature_____
Date